

BUILDING SCHOOL READINESS THROUGH HOME VISITATION

Appendix C. National Models of Home Visiting Programs

**Prepared for the First 5 California Children and Families Commission
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By

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APPENDIX C. NATIONAL MODELS OF HOME VISITING PROGRAMS

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I. INTRODUCTION AND MAIN POINTS

A small group of national home visiting programs constitute or have influenced the development of most home visiting programs throughout the country. This Appendix offers a detailed description of each of these six large, national home visiting models, as well as a description of an exemplary California site for each model.

The six national program models include the following:

- *Early Head Start*, a federal program that focuses on providing children from low income families with the best possible start in life through center-based services, home-based services, or a combination of the two
- *Healthy Families America (HFA)*, evolved from Hawaii's Healthy Start program, utilizes a strength-based approach to provide voluntary services to overburdened families at risk for child abuse and neglect
- *Home Instruction for Parents of Preschool Youngsters (HIPPI)*, which seeks to help parents prepare their 3- to 5-year-olds for success in school
- *Nurse-Family Partnership (NFP)*, formerly the Nurse Home Visitation Program, developed as a university-based demonstration program in Elmira, New York, studied again in Memphis, Tennessee and Denver, Colorado, and now being replicated nationally; uses nurses to deliver home visits to pregnant and parenting, low-income, first-time mothers
- *Parents As Teachers (PAT)*, a program that began in Missouri and, as of February 2002, operated in more than 2,879 sites across the country to promote the development of children from birth to five
- *Parent-Child Home Program (PCHP)*, formerly the Mother-Child Home Program, developed in the 1960s and now replicated nationally, to strengthen parent-child verbal interaction in families with 2- and 3-year-olds and to prepare children for school and to achieve long-term academic success

Together, these programs operate at thousands of sites across the country and serve hundreds of thousands of children. With the exceptions of Early Head Start and PAT, however, these programs have not made as much headway into California as they have in other states. In California, home-grown models such as Cal-SAHF and Answers Benefiting Children (ABC) were created. Nevertheless, the national models have influenced the programs that are here. Indeed, Cal-SAHF and ABC evolved from Healthy Families America. And, these national models are the programs that communities are likely to consider first when they think about launching a home visiting program.

The following describes each of the national models, highlights a California program site (recommended as exemplary by the national office of the program model), and provides contact information. In addition, the Sacramento County Birth & Beyond program is profiled as an example of a Cal-SAHF/ABC program site.

The profiles of the California programs suggest the following main points:

1. *Staffing:* The programs employ different staffing constellations, including paraprofessionals (HIPPY, PCHP), AmeriCorps members (Birth & Beyond), individuals with bachelors and masters degrees in early childhood or social work, nurses (NFP), and combinations of individuals with varying levels of training and education.
2. *Families served:* The families served reflect the remarkable diversity in California, and include Latinos, African-Americans, Asian-Americans, Native Americans, and white non-Hispanic families. Immigrants from countries such as Mexico, Guatemala, El Salvador, Belize, Panama, Peru, Somalia, Cambodia, and Laos all participate. Serving the diverse cultures strains the abilities of programs to hire appropriate staff and provide appropriate materials.
3. *Caseloads:* Home visitors vary in the numbers of families they serve, ranging from 10 to 25, depending upon the intensity of the home visit schedule. With the exception of Birth & Beyond in Sacramento, which serves about 900 families at any one time, the highlighted programs are small, discrete efforts, which have the capacity to serve from 75 – 250 families at any one time.
4. *Linkages with service systems:* The highlighted programs illustrate some interesting connections with various service systems. The National City PAT program, for example, is administered by a school district in partnership with a family resource center. Other programs operate out of hospitals (PCHP) or in conjunction with health departments (NFP). Perhaps the most comprehensive site is the Hope Street Family Center Early Head Start program, which has linkages with Even Start, a youth center, a continuation high school operated in collaboration with the Los Angeles Unified School District, an extended family child care network, and health and nutrition services for child and parent.
5. *Service modifications and additions.* Each program site has developed some adaptations to the basic home visiting model. For example, home visitors in the Homeys HIPPY program in San Diego now assess the health of the child, in addition to providing the standard HIPPY curriculum. The National City PAT program is piloting the use of a special PAT curriculum with kith and kin child care providers. The Fresno NFP program has added a mental health component and Mommy and Me playgroup. Each modification was developed to respond to community needs, and each extends the reach of the program.
6. *Evaluation, Quality Assurance, and Quality Improvement:* Most sites employ one or more approaches to determine if they are meeting their programmatic goals or performance standards. These include comparing their own performance against standards established by the national program offices (Early Head Start), providing data to the national program offices for feedback and comparison with other sites (Nurse-Family Partnership), and seeking accreditation (Healthy Families America) through systems established by the national program offices.

7. *Budgets and Funding:* Annual costs per family for home visiting vary, ranging from about \$1,200 (National City PAT) to about \$11,500 (Hope Street EHS) per family. Funding sources include U.S. Department of Health and Human Services (Head Start), U.S. Department of Education, California Department of Education, local city and county funding, First 5 dollars, private foundations and corporations, Title I, Even Start, EPSDT, and Medicaid dollars. (For additional information about funding home visiting programs, see Appendix E (FAQ8): How Much Does Home Visiting Cost, and How Can We Pay for Services?)
8. *Challenges Faced:* Despite the differences across programs, the challenges that the sites report are fairly similar. Many program administrators mentioned how difficult it has been to hire and retain good home visitors, especially visitors who reflect the diversity of the families served. They struggle to retain families that they serve, and some programs have begun to offer tangible incentives (e.g., raffles for electronic equipment) to encourage families to remain in the program. Finally, program administrators mention the continual struggle to secure steady, ongoing funding for program services.

Appendix C-1 Early Head Start

The National View

Early Head Start (EHS) was established in 1994, when the Head Start Authorization Act of 1994 mandated new Head Start services for families with infants and toddlers. A total of 3 percent of the Head Start budget was earmarked for infants and toddlers, a percentage that climbed to 10% by 2002. The total budget for EHS for 2002 was \$640 million.

The first 68 EHS grantees were funded in September 1995. By 2002, some 45,000 children were served through 664 EHS programs, including 53 programs in California.

Early Head Start programs are comprehensive, “two-generation” programs that seek to produce outcomes for children and parents. EHS addresses four main domains:

- *Children’s development*: including health, resiliency, social competence, and cognitive and language development
- *Family development*: parenting and relationships with children, the home environment and family functioning, family health, parent involvement, and economic self-sufficiency
- *Staff development*: professional development and relationships with parents
- *Community development*: enhanced child care quality, community collaboration, and integration of services to support families with young children

Early Head Start serves low-income pregnant women and families with infants and toddlers. Most families must have incomes at or below the federal poverty level or be eligible for public assistance, although 10% of children may be from families that exceed these income eligibility criteria. Programs must reserve at least 10 percent of their spaces for children with disabilities.

Program services include early education both in and out of the home; parenting education; comprehensive health and mental health services, including services to women before, during, and after pregnancy; nutrition education; and family support services.

Early Head Start: Key Features

- 664 programs nationally; 53 in California (as of Feb. 2002)
- Services to parents and children
- Center- and home-based
- National training and technical assistance network
- Performance standards developed
- Large, national evaluation (See Appendix B.)

Programs may offer these services through primarily center- or home-based strategies, or through a combination of approaches. Each program component must meet Early Head Start performance standards, and programs are visited every three years to determine if they are in compliance with program guidelines. In home-based programs, home visits are scheduled weekly and are complemented by group socialization opportunities, scheduled biweekly. Home visitors need not have any special training or background.

A network of training and technical assistance supports EHS sites. The Early Head Start National Resource Center provides ongoing support, training, and technical assistance under a contract with the organization Zero to Three, and in conjunction with the Head Start Quality Improvement Centers and the Head Start Disabilities Services quality Improvement Centers.

Head Start programs are required to involve parents and community representatives in all areas of the program, including policy, program design, curriculum, and management decisions.

The California View: The Hope Street Family Center Home Visitation Program

The Hope Street Family Center Early Head Start program is part of a national effort to promote the overall health, social, emotional, cognitive, and physical development of children, 0 to 3 years of age, while simultaneously enhancing family self-sufficiency and the capacity of families to nurture and care for their young children.

Context of Home Visiting Services

Established in 1992 as a collaboration between the University of California, Los Angeles, and California Hospital Medical Center, the Hope Street Family Center is a comprehensive family resource center, providing an array of health, early childhood education, parenting, child care, adult education, and social services for low-income families living in the neighborhoods of central Los Angeles. Through **Early Head Start**, one of the Center's core programs, families with children 0-3 years of age participate in weekly home-based early childhood education and family development activities. A key feature of the Hope Street Early Head Start home visitation model is its articulation and co-location with other family support services. This includes the **Home Visitation Expansion Project** which extends home-based early childhood education services to families with children 3-5 years of age, and the **Even Start Family Literacy** program, which provides literacy and adult education services for Early Head Start parents, while simultaneously offering daily center-based early childhood education and parent education opportunities. For school-aged siblings of Early Head Start children, the **Hope Street Youth Center** offers mentoring, homework assistance, computer training, and after-school recreational activities; the

Early Head Start at Hope Street: Key Features

- Family resource center, home-based, and center-based services
- Father and sibling involvement
- Ongoing program evaluation and continuous quality improvement
- 120 families in home visiting caseload
- \$4.5 million annual budget (total Hope Street budget in 2001)
- \$11,500 per family per year for home visiting and ancillary services

Continuation High School program, operated in collaboration with the Los Angeles Unified School District, offers high-school instruction for at-risk siblings and pregnant and parenting teens. The **Extended Day Family Child Care Network** offers developmentally enriched child care for Early Head Start children whose parents are working and/or studying. The **Language Enhancement Training Project** teaches child care providers and home visitors how to foster the emerging language skills of infants and toddlers. Special supports for families impacted by family violence are offered through the Center's **Pico-**

Union Family Preservation Network, which provides intensive child welfare services for families impacted by child abuse and neglect. Finally, the co-location of Early Head Start services with **primary health and nutrition services** provides ready access to WIC, prenatal care, well-child care, immunizations, adult ambulatory care, and family planning services.

Families Served

The target population for Early Head Start home visitation services includes pregnant women, infants, toddlers, and their families, who meet federal low-income guidelines, and live within the service area of central Los Angeles.

The Hope Street Family Center targets a population of nearly 500,000 residents, one-third of whom are under 17 years of age, with 10% four years of age or younger. Poverty, high unemployment and underemployment, substandard housing, limited English proficiency, low literacy, and lack of access to health and social services are among the issues impacting the families and communities served by the center.

The Early Head Start referral network includes local health care, social service, and child welfare agencies; schools and other educational institutions; churches; WIC sites; and programs serving children with disabilities. However, current and former parents provide the largest number of referrals. Parents generated over one-third of program referrals in 2001.

The population served in 2001 was 94% Latino, 5% African-American, and 1% Asian-American. Families were predominantly mono-lingual Spanish-speaking, recent immigrants (arriving within the last 7 years) from Mexico and Central America. The program serves the working poor. Although one or both parents were employed on a full-time basis in 76% of families, the annual family income for 64% of families was under \$15,000. The program maintains a minimum disability enrollment of 10%. Current disabilities enrollment is 18% and includes children with mild to severe developmental delays, chronic medical conditions, and children who are equipment dependant.

Intensity of Home Visits

The home visitation model employed by Hope Street uses a combination in-home and center-based design that is flexible, fluid, and responsive to the changing circumstances of individual families. Home visitation options include (a) weekly home visits, with each visit lasting approximately 90 minutes; (b) weekly or biweekly home visits coupled with center-based activities for parents and children, one to five times per week; and (c) weekly or bi-weekly home visits concurrent with daily center-based early childhood education services. These various options offer parents choices as family needs and circumstances change over time. For example, a family may participate in home visitation services only during the prenatal period or immediately after the child's birth. When the child is older or as parents return to work or school, the family may opt to participate in a combination of center- and home-based services.

Home visitation services are provided within an ecologic framework that considers the needs of the child as well as the needs and resources of the child's family and community. Services are designed to be comprehensive, continuous, and family-focused. They typically begin prenatally and extend through the child's third year of life.

Caseloads

Home visit caseloads average 10-12 families per home visitor.

Service Array

Home visitation activities typically fall into the broad categories of early childhood education, parenting education, health education and anticipatory guidance, and case management/family support services.

Center-based services include a family literacy program; English as a Second Language (ESL) classes; continuation high school coursework leading to a high school diploma; parenting education classes; infant, toddler and preschool early childhood education classes; full-day child care; and Mommy and Me or Daddy and Me socialization play groups. Additional center-based services include family field trips, camping opportunities for parents and children, and a program of structured after-school mentoring and recreational activities for school-aged siblings.

Currently (in 2002), the program serves 120 children, of whom 28% receive weekly home visitation services; 28% of children receive biweekly home visits and participate in daily center-based early childhood education activities. Fully 42% of children are in licensed child care settings and therefore receive biweekly home visits, along with biweekly visits at the child care setting, with both parent and provider present.

Staff Qualifications

Qualities and characteristics used to guide staff hiring include: (a) linguistic and cultural competence, (b) an understanding of how to serve young children within the context of their family, (c) experience in providing home-based services, and (d) a willingness to acquire new skills and expand one's area of expertise. Home visitors are required to have a minimum of a bachelors degree in the areas of early childhood education, social work, psychology, nursing, or a related field. The program also utilizes a supervisory team with masters degrees in psychology, social work, early childhood education, and nursing. This mix of backgrounds and areas of clinical expertise encourages staff to employ multidisciplinary approaches in planning, developing, and implementing home visitation services.

Standardized Curriculum

The home visitation program utilizes a locally developed curriculum that draws heavily upon the Partners in Parenting (PIPE) and Creative Curriculum (Trister-Dodge). The content of the home visit is the result of weekly planning between the parent and the home visitor and is based upon an assessment of family interests, needs, and strengths in the areas of health and nutrition, child development and parenting, education and

training, family relationships and community supports, and the physical home environment.

Special Outreach

Many of the fathers in the families who receive home visitation services are working and unable to participate in home visits conducted during the day. Through the Daddy and Me playgroups and special Saturday activities, the program makes a special effort to ensure that fathers have opportunities to spend time with their young children, in ways that strengthen the development of healthy, positive relationships.

Educational, health care, and recreational services are also offered for school-aged siblings and for the “graduates” of the home visitation program. These services support the foundation for school readiness that was laid down during the pre-school years and help insure children’s continued academic success.

Integration and Coordinating Funding

The Hope Street Family Center is supported by funds from the U.S. Department of Health and Human Services, Head Start Bureau; California Department of Education; City of Los Angeles; Los Angeles County Children and Families First, First 5 Commission; California Hospital Medical Center Foundation; UniHealth Foundation; Catholic Healthcare West Southern California; and a variety of private donors and foundations. The program budget in 2001 was approximately \$4.5 million for all Hope Street services.

Linkages with the Service System

The Hope Street Family Center is active in a broad array of community collaboratives and service provider networks. In addition, the Center has entered into formal partnerships that include shared resources (facilities, staff, and finances) with the Los Angeles Unified School District, Los Angeles County Department of Health Services, and Los Angeles City College

Program Evaluation and Continuous Quality Improvement

The extent to which the program model is implemented and the extent to which parents and children are participating in program services is monitored through regular review of MIS data and reports, weekly case conferences, monthly chart audits, weekly individual supervision and case discussions, and regular joint home visits.

In addition, the Hope Street Family Center’s evaluation and continuous quality improvement plans utilizes information gathered from MIS statistics, community assessment data, parent surveys and focus group interviews, staff surveys and focus group interviews, community focus group interviews, observational assessments, and clinical case reviews and chart audits as the basis for short and long-term program evaluation, development and planning activities. Extensive program and fiscal audits are conducted on an annual basis by an independent evaluation consultant and at least every three years by a monitoring team representing the principal funding agency.

Data collected as part of these quality improvement and program evaluation activities indicate the following:

- During 2001, 36% of children exited the program for several reasons, many of which could be judged as evidence of program success:
 - Child's graduation from Early Head Start (16%)
 - Family relocation outside the service area (8%)
 - Parent secured employment that prevented participation in home visitation (2%)
 - Parent withdrawal from the program (10% -- which is the level which the program sets as its target maximum level for this category of "attrition")
- Over the last five quarters, home visit completion rates ranged from 62% to 81%.
- The program's 12 home visitors have been employed with the program an average of 3.4 years (range of .5 – 8.5 years).
- For those parents who are participating in home visits twice per month, center-based child development, and family literacy services:
 - 77% received 60% or more of possible English as a Second Language instruction
 - 61% received 60% or more of possible parenting education hours of instruction
 - 70% of parents and children participated in 60% or more of possible parent-and-child-together hours within the early childhood classroom.
- At the end of 2000, over 51% of participating households had one or both parents attending a training program or in school.
- 92% of participating children were up-to-date on their immunizations
- 94% of participating children had a well-child exam within the year
- 100% of pregnant women were enrolled in prenatal care

Lessons Learned/What Seems Important

Staff of the Hope Street Family Center identify the following elements as crucial to program success:

- Staffing
 - Stable leadership with clear programmatic vision: The executive director, director, and four area coordinators average 8 years tenure with the program.
 - Excellent staff: hiring a staff that is well-prepared, clinically excellent, with an appreciation for multi-disciplinary work, culturally competent, committed to the population being served, respectful of families, and able to form relationships
 - Emotional support for staff: providing staff supervision that is collaborative and solution-focused, paralleling the therapeutic approach in working with families
- Service Content and Connectedness
 - Home- and Center-based services: Both are required to make a difference in the development of children and to adequately address family/social issues
 - Community-driven and connected: services need to be developed in response to needs identified by the community. An organic, developmental approach

- to program development creates community buy-in and helps with sustainability
- Family-focused services, with special emphasis on fathers and siblings. Outcomes for children are determined by multiple factors within the family and the home environment. Fathers and siblings are a huge part of the puzzle.
 - Evaluation and data: Build a solid MIS system for day-to-day program management, program compliance, and tracking outcomes, and then select a few key indicators and track them carefully.
 - University Affiliation: the connection with UCLA enriches staff, brings resources to the community, and supports the training and technical assistance needs of the program
 - Size: Because Hope Street is still a relatively small program, program staff can know and remember the families who are served. In a program such as this, where relationships are central to program success, this is a critical element, especially for the families served, who may feel anonymous and unimportant in the wider community.
 - Quality facilities, staff, and services: The presence of a top-notch program demonstrates to families that they are valued, and it de-stigmatizes services.

Challenges

Staff note several challenges, faced by many home visiting programs:

- Fragmented funding: Managing multiple grants, with differing reporting requirements and compliance requirements, evaluation needs, and reporting schedules is a challenge.
- Staffing:
 - Finding staff with necessary skills and cultural competence.
 - Meeting the mental health and training needs of staff
- Developing an appropriate MIS program is time-consuming and challenging
- Simultaneously addressing children's developmental needs and the complex psycho-social needs of parents and families.

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Profile of the Hope Street Family Center Home adapted from: Thompson, L., Kropenske, V., Heinicke, C., Gomby, D., & Halfon, N. *Home Visiting: A Service Strategy to Deliver Proposition 10 Results*, in N. Halfon, E. Shulman, and M. Hochstein, eds., *Building Community Systems for Young Children*, UCLA Center for Healthier Children, Families and Communities, 2001. Available at <http://healthychild.ucla.edu>.

Early Head Start – California Sites*

Site Location & Initial Training Date	Contact Person	Phone Number	Email Address
Alturas (Modoc County Office of Education)	Jeri Standle	530-233-7159	jstandle@hdo.net
Arcata (North Coast Children's Services)	Siddiq Kilkenny	707-822-7206	siddiqk@ncsheadstart.org
Auburn (Placer Community Action Council, Inc.)	Dolores Garcia	530-886-4127	
Bakersfield (Ebony Counseling Center)	Christine King	661-324-4756	ecomm1937@ts.com
Bakersfield (Kern County Economic Opportunity Corporation)	Archie Catron	661-336-5236	
Beaumont (Child Help USA, Inc.)	Klara Pakozdi	909-845-0913	klarapakozdi@hotmail.com
Berkeley (Berkeley YMCA Early Head Start)	Mary Campbell	510-559-2090	
Cerritos (Los Angeles County Office of Education)	Andrew Kennedy	562-940-1770	
Colusa (Colusa County Office of Education)	Kathy Davidson	530-458-0300	kdavidson@colusa-coe.k12.ca.us
Concord (Contra Costa County Board of Supervisors)	Tony Colon	925-646-5990	
Fremont (Child, Family and Community Services, Inc.)	Hazel Knatt	510-796-9511	
Fresno (Fresno County EOC)	Kathleen Shivaprasad	559-263-1550	kseocehs@pacbell.net
Goleta (Community Action Commission of Santa Barbara County)	Giti Fatholahi	805-964-8857 x 154	fforman@cacsba.com
Handsford (Kings Community Action Organization)	Margaret Crawford	559-582-4386	vgonzales@kcao.org
Hoopa (Hoopa Valley Tribal Council)	Angel Korb	530-625-1022	angelrigilkorb@yahoo.com
Lakeport (Sutter Lakeside Community Service)	Kathy Lytle	707-262-1611	lytleck@sutterhealth.org
Los Angeles (Charles R. Drew University of Medicine and Science)	Linda Rahman	310-605-0164	
Los Angeles (Children's Institute International)	Manny Castinos	213-807-1925	calvarez@childrensinstitute.org
Los Angeles (El Nido Family Centers)	Emily Lloyd	213-384-1600	lloyd@elnidofamilycenters.org
Los Angeles (Hope Street Family Center)	Vickie Kropenske	213-742-6479	kropensk@chw.edu
Los Angeles (University of Southern California)	Lucia Palacios	213-743-2466	

Marysville (E-Center, Migrant Head Start)	Joanne Aiello	530-741-2995	
Modesto (Central California Migrant Head Start)	Deborah Clipper	209-558-4030	dclipper@stan-co.k12.ca.us
Novato (Community Action Marin Head Start)	Kay Wernert	415-883-3791	kay@marinheadstart.org
Oakland (City of Oakland)	Unsana Pulliman	510-238-3165	upolliam@oaklandnet.com
Oxnard (Child Development Resources of Ventura County, Inc.)	Reyna Dominguez	805-485-7878	alicia.ramirez@cdrofvta.org
Pasadena (Center for Community & Family Services)	Vassy Tesfa	626-583-1770	
Placerville (El Dorado County Office of Education)	Gail Healy	530-622-7130	ghealy@edcoe.k12.ca.us
Redding (Shasta Head Start Child Development, Inc.)	Carla Clark	530-241-1036	carlac@shastaheadstart.org
Riverside (Riverside County Office of Education)	Margie Herrera	909-826-6614	mherrera@rcoe.k12.ca.us
Sacramento (Sacramento Employment and Training Agency)	Catherine Goins	916-263-3804	Catherine@headstart.seta.net
Salinas (Children's Services International)	Jean Miner	408-424-6939	
Salinas (Monterey County Office of Education)	Ricardo Tellez	831-755-0352	
San Diego (Neighborhood House Association)	Barbara Fielding	858-715-2642	barbara@neighborhoodhouse.org
San Jacinto (Ahmium Education, Inc.)	Ernie Salgado	909-654-2781	ernie@ivic.net
San Jose (Yolanda Garcia)	Santa Clara County Office of Education	408-453-6980	yolanda_garcia@sccoe.org
San Luis Obispo (Economic Opportunity Commission of San Luis Obispo County, Inc.)	William Castellanos	805-544-4355	
San Marcos (Metropolitan Area Advisory Committee Project)	Edna Holloway	760-471-4210	eholloway@maac.cc
Santa Ana (Orange County Head Start)	Adolfo Munoz	714-241-8920	
Santa Rosa (Sonoma County People for Economic Opportunity)	Ofelia Ochoa-Morris	707-544-6171	ofelia@scpeo.org
Sisma Hill (Long Beach Unified School District)	Gwendolyn Matthews	562-427-0833	gmatthews@lbusd.k12.ca.us
South San Francisco (The Institute for Human and Social Development)	Amy Liew	650-871-2690	a.liew@ihsdmc.com
Stockton (County of San Joaquin)	Marci Massei	209-466-5541	marcima@hscdc.org
Ukiah (E-Center)	Thomas Wagner	707-468-0194	

Ukiah (North Coast Opportunities, Inc.)	Corrine Lindgren	707-462-3403	ncohdst@pacific.net
Valley Springs (Human Resources Council, Inc.)	Lin Reed	209-772-3980	karenp@volcano.net
Van Nuys (Easter Seals Southern California, Inc.)	Carlene Holden Sr.	818-996-9902	
Venice (Venice Family Clinic)	Manuel Castellanos	310-392-8630	
Visalia (Tulare County Office of Education)	Senaida Garcia	559-651-3022	sgarcia@cc.tcoe.org
Watsonville (Santa Cruz Community Counseling Center, Inc.)	Pam Elders	831-688-8100	sccchs@cruzio.com
Woodland (California Human Development Corporation)	Judy Tischer	707-523-1155	j.tischer@chdcorp.org

*Source: <http://www.ehsnrc.org/ProgramLocator/reglist.cfm> (as of 1/2003)

Appendix C-2 Healthy Families America

The National View

In 1992, the organization then known as National Committee to Prevent Child Abuse – now known as Prevent Child Abuse America (PCA America) – launched Healthy Families America (HFA), an initiative to provide voluntary home visitation services for new families at greater risk for parenting problems, including child abuse and neglect. HFA programs now serve more than 66,000 families in more than 450 geographically and culturally diverse communities in 39 states, the District of Columbia, and Canada. Indiana has the most HFA sites, with services in all 92 counties. Other major initiatives are under way in Arizona, Florida, Georgia, Illinois, New York, Massachusetts, Michigan, Virginia, and Washington, D.C.. In 2002, California had two HFA sites.

HFA's goals are to promote positive parenting, enhance child health and development, and prevent child abuse and neglect by enhancing parent-child interaction, promoting the use of community resources, and creating community systems of support to assist parents in caring for their newborns.

Systematic assessment of all families in an intended population within a community is a distinguishing feature of HFA. More than 90% of all HFA programs reach out to either all new parents or all first-time parents within a community. Assessment usually occurs in the hospital or home with a specially trained person who listens to the family's interests and concerns and links the family with appropriate community resources.

Families at greater risk of parenting difficulties are encouraged to participate in home visiting, beginning with weekly visits. Visit frequency is reduced as families meet

Healthy Families America: Key Features

- 450 sites nationally; 2 in California (as of 2002)
- Evolved from Hawaii Healthy Start as child abuse prevention program
- Basis for Cal-SAHF/ABC programs
- Originally, paraprofessional model; increasingly, professional staff used
- Programs required to have 12 critical elements
- Quality assurance via credentialing process with national credentialing body (Council on Accreditation of Services to Families and Children)

specific goals, which they develop with their home visitors during the initial visits. Services begin at a child's birth (or during pregnancy) and can continue until the child is five years of age.

Home visitors are selected on the basis of personal characteristics rather than formal education. The most important criterion is the ability to engage families and establish trusting relationships. Most HFA home visitors (82%) attended or graduated from college, specializing in child development, social work, nursing, or education. Most (87%) also have prior experience in home visitation programs.

Although initially guided by the Hawaii Healthy Start Program and other major family support initiatives, HFA is not a strict replication model. Flexibility is essential to allow implementation in a wide range of communities. For example, each HFA program must

systematically assess all families in its intended service population, but each community defines its intended population (for example, first-time parents, or all families living in selected neighborhoods).

To ensure quality with flexibility, HFA's home visitation effort is defined by 12 critical elements, which are based upon two decades of research regarding best practice standards. In partnership with the Council on Accreditation of Services to Families and Children (COA), PCA America developed and implemented a credentialing process to document that each HFA program adheres to the critical elements.

The average annual cost per family for HFA services typically ranges from \$3,000 - \$5,000. In 2000, the average program budget was \$495,000. Most HFA program sites have multiple funding sources which include the following: local charities; foundations, TANF; the Family Preservation and Support Act; Children's Trust Funds; Maternal and Child Health Services Block Grant (Title V); Early Intervention, Part H/C; Medicaid; and the Office of Juvenile Justice and Delinquency Prevention.

PCA America serves as the national headquarters for HFA, and credentials programs, trains and certifies HFA trainers, provides individualized technical assistance and written materials to state and community HFA leaders, conducts and coordinates research on HFA, and hosts national HFA conferences. PCA America also links evaluation research with practice by convening the HFA Research Network to analyze program evaluations and design issues.

The California View: Healthy Homes in Lancaster, California

In 2002, two HFA programs operated in California. The Healthy Homes program in Lancaster is administered by Antelope Valley Hospital, and serves both urban and rural families throughout the Antelope Valley, the northernmost area in Los Angeles county, located about 65 miles north of the city.

The Healthy Homes program was established in July 1998, driven by the hospital's desire to address the very high rates of child abuse and neglect and of child deaths in the community. The hospital's CEO sent a team to Hawaii to learn about its Healthy Start

program, was persuaded that the program held great promise for the Antelope Valley, and soon thereafter, the program in Antelope Valley began, with initial funding from the hospital.

The HFA Healthy Homes Program: Key Features

- Hospital-administered
- Rural and urban families
- 100% of families at initial screening have had mental health issues
- Trying to use tangible incentives to retain families
- Strong staff support
- 91 families
- \$860,000 budget

Program Services

Two assessment workers screen families at-birth at the hospital, which is the only birthing hospital in the area. A full-time registered nurse provides a two-hour home visit with each family that is screened eligible for the program. During the visit, the nurse provides education and instruction on caring for the baby, feeding, breastfeeding smoking cessation, and health

issues for both the mother and the baby. The nurse remains available to the program, conducts a home visit after any hospitalization, tracks immunizations, and trains the staff.

During visits, home visitors pay attention to both the needs of the mother and of the child. The Ages and Stages Questionnaire is used to screen children, the Portage guide is employed, and the HELP parenting guide from Hawaii is used to promote child development. The program has MOUs with 15 local agencies for training and regularly makes referrals to other agencies, especially to mental health services in the community.

Staffing and Caseloads

Fully 89% of families offered intensive home visiting accept it. The more intensive home visits are provided by eight home visitors. Each home visitor carries a caseload of 10-12 families. In keeping with the HFA model, home visitors have a high school diploma, and A.A. or B.A. degrees are optional. Personal characteristics receive the highest priority in hiring, although most visitors do have some background in a related field. A marriage and family therapist is also available 5 hours per week to assist with mental health issues that the families may have.

Families Served

Since the inception of the program, 342 families have been served, and the current (in 2002) caseload is 91 families. Eligible participants include women of child-bearing age, either pregnant or with new-borns, who live within the geographic catchment area, and screen positive on the Kempe Family Stress Checklist. Families are from many backgrounds: about 43% of families are Hispanic, 20% African American, and most of the rest are white. Fully 100% of families had a mental health issue upon screening, whether that was a confirmed diagnosis, depression, or suicidal ideation. All of the families have household incomes of 200% of poverty or less.

Funding Sources

Since its inception, the program has received funding from public sources, such as Los Angeles County and the City of Palmdale, and private dollars from foundations such as The California Endowment and Freddie Mac, and corporations such as Boeing and Northrop. The annual program budget is about \$860,000.

Evaluation and Quality Improvement

In 2002, the program applied for credentialing through HFA, and collected some information about program performance as part of that process. For example, since the program's inception, about 75% of families remained in the program for longer than 6 months, and about 30% of families remained in the program for longer than 2 years. Families averaged about 3.2 visits per month, including the initial visit from the nurse. All the 2-year-olds in the program were fully immunized. Fully 93% of enrolled mothers delayed a subsequent pregnancy to work or go to school. As of March 2001, 80% of mothers were in school, job training, or were employed. Only 3.5% of the families had open cases of child abuse and neglect.

Challenges and Next Steps

As is true for most of these programs, the challenges facing the program include raising dollars to keep the program running. Other challenges include retaining staff and keeping families engaged. The program actively works to nurture the staff, both to model for the staff the relationship to have with families, and also to foster a warm and supportive working environment to help retain staff. Activities for staff include stress reduction, periodic celebrations and breakfasts. To help retain families, the program has begun to offer tangible benefits for participants such as infant thermometers, smoke alarms, and a semi-annual drawing for an attractive electronic product such as a television or VCR.

Transportation remains a significant problem for families, and the program is pursuing an opportunity to partner with a local church, whereby church members will volunteer to help transport families to appointments.

For more information about operating an HFA program in California, contact:

Lea Butterfield at 661-726-6450

Cydney Wessel at the national office (312-663-3520).

For more information about HFA research or program evaluation, contact:

Kathryn Harding or Lori Friedman at the national office

200 S. Michigan Avenue

Suite 1700

Chicago, IL 60604

(312) 663-3520

Healthy Families America – California Sites

Site Location & Initial Affiliation Date	Contact Person	Phone Number	Email Address
Lancaster (Healthy Homes); July 1998	Lea Butterfield	661-726-6450	lea.butterfield@avhospital.org
Sacramento, Placer, Yolo, Amador, Nevada, and San Joaquin counties (Creating Healthy Environments for Children (CHEC), Sutter Medical Center) September 1997	Arlene Cullum	916-733-8442	culluma@sutterhealth.org

Appendix C-3

Home Instruction for Parents of Preschool Youngsters (HIPPY)

The National View

The Home Instruction for Parents of Preschool Youngsters (HIPPY) program aims to maximize children's chances for successful early school experiences by empowering parents as primary educators of their children and fostering parent involvement in school and community life. HIPPY USA supports the development and operation of HIPPY programs in communities across the United States through ongoing curriculum development and technical assistance.

HIPPY was developed in Israel in 1969, and the first HIPPY programs were established in the United States in 1984. In 2002, 160 HIPPY programs served more than 16,000 families in 27 states, plus the District of Columbia and Guam. There were 11 HIPPY sites in California in 2002. Participating families are a richly multiethnic, multilingual group, primarily low-income, and living in wide-ranging urban, suburban, and rural environments.

HIPPY in the United States was a two-year program for parents of children ages four and five until 1994, when HIPPY USA introduced a new curriculum for three-year-olds, offering U.S. HIPPY programs the option of operating as either two- or three-year programs. The HIPPY curriculum focuses on the development of cognitive skills, including language development, problem solving, logical thinking, and perceptual skills. The curriculum also fosters the development of social/emotional and fine and gross motor skills.

HIPPY activities are written in a structured format, comparable to a well-designed lesson plan for a novice teacher. Available in English and Spanish, the curriculum contains 30 weekly activity packets, nine story books, and a set of 20 manipulative shapes for each year. Skills and concepts are developed through activities such as reading, writing, drawing, listening, talking, singing, playing games, puppetry, cooking, sewing, poetry, movement, and finger plays.

HIPPY: Key Features

- 160 sites; 11 in California (as of 2002)
- Paraprofessional home visitors
- Serves families with 3-5-year-olds
- Home visits and parent group meetings
- Curriculum available in Spanish and English; Chinese and Native Hawaiian forthcoming
- Focus on promoting child development by empowering parents to be the primary educators for their children

Parents are trained to use the curriculum through weekly visits with paraprofessionals who are also parents in the program. Every other week (or at least 15 times per year), the home visitors role-play the activities with parents during visits that each last at least 30 minutes each. On alternate weeks, all of the parents and home visitors meet at the HIPPY site to role-play the activities as a group.

HIPPY home visitors are members of the participating communities and are themselves

parents in the program. Home visitors have typically obtained a high school or equivalency diploma, and receive both intensive initial training and ongoing weekly training.

Each HIPPY program is supervised by a professional coordinator, typically an individual with a background in early childhood education or social work, who recruits parents, hires and trains paraprofessional home visitors, organizes parent group meetings, and ensures that families are linked to other services in the community. The coordinator and the paraprofessionals meet weekly to role-play the materials, discuss the previous week's activities, share experiences, solve problems, and also develop individual career-development plans for the paraprofessionals.

The HIPPY model has been adapted to meet societal changes and local community needs. For example, HIPPY has responded to the work requirements imposed on families by welfare reform with evening and weekend home visits, lunch hour visits at the workplace, or after-work visits at the child care center. Some HIPPY programs employ a schedule of weekly home visits and monthly group meetings to reach families that live in remote locations.

Local HIPPY programs are funded through many private and public sources, including the U.S. Departments of Education, health and Human Services, and Housing and Urban Development; federal community service programs such as AmeriCorps and Volunteers in Service to America (VISTA); federal and state job training and early intervention/prevention programs; and foundations and corporations. Collaboration with such programs as Head Start and Even Start ensures broader services to families and maximizes funding and other resources. The average annual cost per family was \$1,200 in 1999-2000. Average program site budgets were about \$180,000.

HIPPY USA provides each HIPPY program with intensive preservice training, comprehensive training guides for both program coordinators and home visitors, annual site visits with on-site training, an annual national conference, a newsletter published three times each year, and ongoing telephone support. HIPPY programs participate in a biannual self-assessment and validation process. They submit to HIPPY USA demographic information on program participants annually for analysis and dissemination.

HIPPY USA conducts ongoing curriculum development to ensure that all materials are developmentally appropriate, culturally relevant, and reflective of the growth that occurs in children and parents as they progress through the program. Recent revisions and additions to the curriculum include revised curricula for ages four and five; parent materials, including enrichment guides for families who want or need more practice in certain areas; a home visitor guide; and a nutrition curriculum (in collaboration with the Center on Hunger, Poverty and Nutrition Policy at Tufts University). A revision of the age-three curriculum should be complete in fall 2002. A translation of the curriculum into Chinese will be available in fall 2002, and a translation into native Hawaiian is planned.

The California View: The Homeys Youth Foundation Program

In 2002, 11 HIPPY programs operated in California with funding from private foundations and public sources such as the California Department of Education, Title I, the U.S. Department of Education, Even Start, and First 5. A total of \$1 million in California Department of Education funds are earmarked for HIPPY. The 11 programs have the capacity to serve close to 1,000 families.

California State HIPPY Office

One of the largest programs is administered by the Homeys Youth Foundation in San Diego, which also serves as the state office for HIPPY in California. The state office is guided by a statewide advisory committee comprised of community leaders, school administrators, and civic and business leaders from throughout California. The state office provides training and technical assistance to all HIPPY sites in the state, and to new sites that are seeking to begin programs. It also produces a state-wide HIPPY newsletter, performs a self-assessment or annual review of HIPPY programs in the state, organizes an annual conference, supports local grant writing efforts, and helps train local sites on the use of the HIPPY management information system.

The San Diego program is also an excellent example of a HIPPY program. Established in 1994, the program was originally funded by the San Diego Unified School District and the Jacobs Family Foundation to provide services for 45 families and children. Clinton Pearson, a resident of the community being served by the program, sought the support of local chapters of the National Council of Jewish Women (the organization that helped bring HIPPY to the United States from Israel) to help launch HIPPY in his community, both because of the program's focus on child development and because of its focus on community development and the development of its paraprofessional home visitors. San Diego HIPPY was the second HIPPY site in California (after the Long Beach program).

Funding Sources

The San Diego program has been supported over the years by funds from the San Diego Unified School District, City of San Diego, Weingart Foundation, San Diego Foundation, Jacobs Family Foundation, San Diego Gas & Electric/SEMPRA, Parker Foundation, Dr. Seuss Foundation, and the San Diego Commission on Children and Families/First 5. In 2002, the program's annual budget was \$379,422.

Homeys Youth Foundation: Key Features (as of 2002)

- State office for HIPPY in California
- Health component currently being added
- New partnership with Even Start beginning
- Staff turnover is less than 5% per year
- 180 families
- \$380,000 annual budget

Families Served

Since its inception, the program has served over 800 families. Currently (in 2002), 180 families receive HIPPY services at any one time. Any families with children ages 3, 4, or 5 are eligible for services. Families are recruited by home visitors at local schools, and community fairs using fliers. There is a waiting list of more than 100 families interested in enrolling in the program. Most of the families

served are Latino, although other families are African-American and, increasingly, Somalian.

Staffing and Caseloads

The 14 home visitors in the program generally have backgrounds in community development. Some have been with the program since its inception, and the current Program Coordinator started as a parent in the program. Staff turnover rate is very low, about 5% per year. Most staff are from the community and either have or have had a child in the program. Each home visitor serves 12-15 families.

Services

Home visitors seek to deliver four visits per month to families. The executive director reports that visitors are typically able to complete about 89% of those visits, and that 85% of children who enrolled in the San Diego HIPPY program as 4-year-olds in 1999 “graduated” in 2001.

In addition to traditional home visits, parent group meetings are offered on a monthly basis. Nine of the home visitors speak Spanish, and three speak Somalian. Materials are routinely offered in English and Spanish. Participating families welcome HIPPY, and see it as an educational program: children often refer to the home visitors as “teacher” and call their activities “homework.”

The San Diego HIPPY program is adding new components and linking with other services. For example, in 2001, the San Diego HIPPY program began a health component. Home visitors now assess the health of the child, in addition to offering the regular HIPPY services and curriculum. Monthly group meetings have been expanded to include health information on topics such as nutrition, diabetes, cancer, and immunizations. This project has been funded by the Jacobs Family Foundation, the Hilbloom Foundation, and the San Diego Commission on Families and Children/First 5. Results of the initial round of health assessments will be available in April 2002, but preliminary results suggest some useful baseline information. For example, 99% of the children were rated as “healthy” or “very healthy” by their parents, and 99% reported that the children were up-to-date with their immunizations. Most could identify a private physician or community clinic where they received medical care, or a private dentist or community clinic where they received dental care. About half of the sample, however, reported some difficulties in seeking medical or dental care, primarily associated with transportation, language barriers, and cultural differences. Nearly 70% reported that their children regularly engage in some form of reading activity. About 12% of respondents reported that someone in the children’s home smokes. Other information gathered about parents’ preferences for additional services will be useful for program planning.

The San Diego HIPPY program has also entered into a partnership with a local Even Start site. Even Start is a federally-funded, two-generation family literacy program that enrolls families with children as early as at birth. With this partnership, Even Start services help parents learn to read, get their GEDs, and move into the workforce, while HIPPY services focus on school readiness and the parent-child relationship. Children also

receive center-based early childhood education to complement the home-based services offered through HIPPY. It is through this part of the San Diego HIPPY program that many Somalian immigrants are served. A total of 45 families per year will be served through this partnership.

Evaluation and Quality Assurance

The research firm WestEd conducted an evaluation of three HIPPY sites in California (San Diego, Long Beach, and San Francisco). Home visitors interviewed a total of 62 parents whose kindergarten children had participated in HIPPY the previous year, and WestEd staff interviewed the kindergarten teachers of 37 of these children. Parents reported that they read to their children at least three times each week (87%); they encouraged their children to write, draw, or paint (76%) or read signs or labels (68%) every day or almost every day; and they took their children to the library at least once a month (64%). Parents also reported high rates of involvement in their children's school activities, and 60% had volunteered to help in their child's classroom. Teachers rated 78% of the HIPPY children as average or above average in many areas related to verbal skills, and fully 80% were judged as moderate to excellent in learning skills such as curiosity, initiative, and self-direction in learning.

Challenges and Next Steps

The constant challenge for programs like HIPPY is securing continued funding. The San Diego HIPPY program has established solid relationships over the years with public and private funders and can depend on some firm funding. The new health component could allow for additional funding sources and offer the opportunity to leverage HIPPY expenses.

Programmatically, the San Diego HIPPY program seeks to partner with additional agencies and services. For example, the director of the National City PAT program and the State HIPPY Director have discussed opportunities to work together. (For a description of the National City PAT program, see Appendix C-5.)

For national information about HIPPY, contact:

Ms. Elisabet Eklind
Executive Director
HIPPY USA
220 East 23rd Street, Suite 300
New York, New York 10010
212-532-7730
info@hippyusa.org

For California information, contact:

Mr. Clinton Pearson
California HIPPY State Director
Homeys Youth Foundation/HIPPY
P.O. Box 131284
San Diego, CA 92105-1284
Phone: 619-264-1554

cp_grassroots@email.msn.com
URL: www.cahippy.com

HIPPY – California Sites

Site Location & Initial Training Date	Contact Person	Phone Number	Email Address
Santee (Educational Programs; 2000)	Hope Baker	619-258-2255	hbaker@santee.k12.ca.us
San Francisco Unified School District (BELA); 1998	Lucia Perez Barrow	415-355-7330	ibarrow@muse.sfusd.edu
Los Angeles Unified School District (District H); 2000	Janie Chavers	323-266-7362	jchavers@mailcity.com
Long Beach Unified School District (Lee Elementary School); 1993	Betty Crain	562-494-5101	
Santa Barbara (Child Development); 2001	Ana Maya	805-963-4331 x249	amaya@sbsdk12.org
Downey (Migrant Education); 2000	Guadalupe Mendoza	562-922-6832	Mendoza_Lupe@laoe.edu
San Diego (Homeys Youth Fnd – State Office); 1994	Clinton Pearson* Lisa M. Perry	619-264-1554 619-264-1554	Cp_grassroots@msn.com HIPPYORG@aol.com
San Diego (Homeys Youth Fnd—San Diego Unified); 1994	Danielle Pearson	619-264-9096	DanielleYvonne@msn.com
Stanislaus County (ISS); 2001	Charlyn Piper	209-525-5091	Cpiper@scoe.stanco.k12.ca.us
Diamond Bar (Pomona Unified Adult Education); 2001	Diana Sandoval	909-560-5059	
Pleasant Hill, Contra Costa County (Community Challenge); 1999	Nicole Porter	925-942-3300	nporter@cccoe.k12.ca.us

*Mr. Pearson is the State Director for the HIPPY program.

Appendix C-4 Nurse-Family Partnership (NFP)

The National View

Established in 1977 as a research-demonstration project in Elmira, New York, the Nurse-Family Partnership (formerly the Nurse Home Visitation Program) consists of nurses who visit first-time, low-income mothers and their families in their homes during pregnancy and the first two years of the child's life to accomplish three goals:

1. Improve pregnancy outcomes by helping women to alter their health-related behaviors, including reducing the use of cigarettes, alcohol, and illegal drugs;
2. Improve child health and development by helping parents provide more responsible and competent care for their children; and
3. Improve families' economic self-sufficiency by helping parents develop a vision for their own future, plan future pregnancies, continue their education, and find work.

The program has been tested in scientifically controlled studies in three communities (Elmira, New York; Memphis, Tennessee; and Denver, Colorado). As of 2002, the program operated in 250 communities in 22 states, serving more than 24,000 women. The largest concentrations of sites are in Colorado, Pennsylvania, Oklahoma, and California. In 2002, 10 programs operated in California, serving more than 2,500 women. Plans exist to expand services gradually to reach, by 2020, fifty percent of the low-income, first-time mothers in the country. New sites must commit to implementing the program model as it was tested in the earlier studies. The program developers believe that this is the best way to ensure that local programs will achieve the results produced in the studies.

Not surprisingly, therefore, program services have remained remarkably consistent across all sites. Briefly, nurses visit families from pregnancy (typically beginning before the end of the second trimester) through the child's second year of life. The frequency of home

visits changes with the stages of pregnancy and as the child grows, and can be adapted to the mother's needs. The goal is to visit every week to two weeks, depending upon the phase of the program.

Each visit lasts approximately 60 to 90 minutes and is designed to encourage the mother to develop necessary knowledge and skills, and to change those behaviors that may lead to poor pregnancy outcomes, problems in child health or development, or compromised parental life course. Visitors help mothers strengthen relationships with family members and friends and link them with other health and human

Nurse-Family Partnership: Key Features (as of 2002)

- 250 communities; 10 in California
- Based on randomized trials in 3 communities (Elmira, NY; Memphis, TN; Denver, CO)
- Only one of the six major programs that requires nurse home visitors and prenatal enrollment of families
- Focus on economic self-sufficiency, as well as pregnancy outcomes and child health and development
- Continuous quality improvement system in which sites compare their performance against service levels at the Denver site

services. Detailed visit-by-visit program guidelines are organized around challenges mothers and children typically encounter during pregnancy and infancy. Topics focus on six domains: (1) personal health; (2) environmental health; (3) life-course development; (4) maternal role; (5) family and friends; and (6) health and human services. Maternal, child, and family functioning are assessed, and specific strength-based interventions are used depending upon the results of those assessments and the interests and priorities of each family.

A key element in the model is the use of nurses as home visitors. In the communities where the program is now being implemented, the nurses work for departments of health, visiting nurse associations, or hospitals that provides primary care for mothers and children. Typically public health nurses, the visitors are required to have a minimum of a bachelor's degree. Each attends a two-week training course spread out over the first year of his or her involvement in the program. Each carries a caseload of 20 to 25 families and receives regular clinical supervision from a more senior nurse. In addition to receipt of training in the program model, nurses are expected to become proficient in assessing parent-infant interaction within the first year after the initial training. This requires 45 hours of continuing education provided by the University of Washington's Nursing Child Assessment Satellite Training (NCAST) and qualifies for three college credits. Continuing education after that is expected at each site but is tailored to the individual needs of each nurse. Areas of expected proficiency are made available as part of the training in the program model.

A hallmark of this program is its use of research to determine program effectiveness and to improve services. Research continues in several contexts:

- A longitudinal follow-up of families is being conducted in Elmira, Memphis, and Denver;
- An integrative economic analysis of the program's impact on government spending is under way using data from the randomized trials;
- Program implementation is monitored carefully in each site, using a management information system that is integral to the program.

Program services are usually funded through a variety of public and private sources. Public dollars include state and local dollars, as well as federal dollars from Medicaid, Maternal and Child Health Services Block Grant, and Temporary Assistance to Needy Families. The average annual program cost is \$3,000 per family, with variations in cost primarily dependent upon local nurses' salaries.

The national office for the program, the National Center for Children, Families, and Communities at the University of Colorado, provides planning assistance to states, communities and operating agencies, nurse-training, evaluation services, and ongoing consultation in the development of the program.

The California View: The Fresno County Nurse Family Partnership

The Nurse-Family Partnership operates in ten California sites, with an 11th in Tulare County slated to begin operation in 2002.

Fresno County began its Nurse-Family Partnership in 1997, one of the first sites in the state. The target population of the Fresno program is first-time mothers who reside in the county. Fresno has an extensive outreach program that receives referrals from the Department of Employment and Temporary Assistance, doctors' offices, school nurses, and door-to-door outreach in high-risk areas. All first-time mothers at less than 28-weeks gestation are referred to the NFP Program. Women who are pregnant but do not meet the NFP eligibility criteria are referred to other home visiting programs in the county such as Black Infant Health, Babies First (Healthy Start), Comprehensive Case Management Program for high-risk women, Public Health Nursing, Cal-LEARN, or the Adolescent Family Life Program.

Families Served

Since its inception, the program has served 525 families; its average caseload at any one time is between 200 – 250 families. Families are primarily English- and Spanish-speaking, and most are low-income and MediCal-eligible. Hispanic, non-Hispanic white, African-American, Asian (Laotian, Hmong, and Cambodian), and Native American families all participate.

Each of the program's 14 home visitors serves between 20 and 25 families, depending upon the nurse's experience and whether or not she is full-time. The program had a \$1,781,078 budget in 2001 (including local funding, with federal matching Medicaid dollars).

Services

While it is important to follow the planned schedule of visits, adjustments are made based on the family's own situation. The visits last about 1 to 1 ½ hours. The nurse's responsibilities during the visit are to listen to the client's needs and concerns, provide

information and resources, and assist the client in setting and meeting health and life goals. The client's responsibilities are to be open to information, apply what makes sense, set her own goals, and carry out plans to meet those goals.

NFP in Fresno: Key Features (as of 2002)

- Basic program model adapted to add a mental health component and Mommy and Me playgroups. Mental health staff are shared with other agency programs
- Refers mothers not eligible for the NFP to other home visiting programs
- Serves Hispanic, non-Hispanic white, African-American, Asian, and Native American families
- 200-250 families
- \$1.78 million annual budget

Fresno has added two components to the basic NFP program:

- A mental health component: a licensed supervising mental health clinician, a licensed mental health clinician, and two unlicensed mental health clinicians work with the nurses to assist the clients if they have any mental health issues. The clinicians also make home visits if the client agrees. The time of the clinicians is

shared with other home visiting programs, also administered by the Fresno County Department of Community Health, such as the Black Infant Health program, Babies First, and the Comprehensive Case Management Program for high risk women;

- A support group: the “Mommy and Me Play Group” aims to prevent the depression and isolation experienced by many first-time mothers. The group encourages mothers to implement the skills gained from the parent education training that they receive from nurses during their home visits. The support group also addresses topics such as parenting issues and English as-a-second-language, and organizes educational outings for mothers to increase their knowledge of local resources. First-time mothers in the program support each other as they become more empowered through solving parenting problems, breastfeeding, nutrition, and violence issues.

Evaluation and Quality Assurance

A well-tested and maintained record-keeping and clinical information system has proven to be both clinically and administratively useful in the successful operation of the program. Specific information is collected at each home visit and reported via data forms to monitor performance. These data forms, which cover maternal/infant health assessments, health habits, demographics, parenting issues, and personal beliefs, help the developers of the program at the National Center in Colorado provide useful feedback and technical assistance as implementation proceeds. Furthermore, the record keeping system helps to assure that families are receiving comprehensive assessments and education services by the nurse home visitors as well as referrals to services available in their community.

With the data from each site, the National Center then provides feedback that compares the performance of an individual site to the most recent randomized trial of the program in Denver, Colorado, and/or that calculates changes in outcomes over time. For example, participants in Fresno received an average of nine completed visits during pregnancy (three more than the participants in Denver), and an average of 14 completed visits during infancy (one more than participants in Denver). There was a 2% reduction in the number of women who reported smoking, and an average reduction of two cigarettes per day among women who continued to smoke.

Challenges

The largest challenge facing the program, according to Carol Henry, its nurse supervisor, is the difficulty in locating and hiring nurse home visitors. Competing with other employers in the community has sometimes been difficult, but the problem may be easing somewhat with slightly higher salaries now possible.

For information about NFP nationally, contact:

Matt Burh-Vogl, Senior Site Developer
University of Colorado Health Sciences Center
School of Nursing
4200 E. Ninth Avenue, C288-13
Denver, Colorado 80262
(303) 315-1573 or toll-free at 1-866-864-5226

For information about the NFP site in Fresno, contact:

Carol R. Henry, RN, BSN
Supervising Public Health Nurse
Maternal, Child & Adolescent Health
Human Services System
Department of Community Health
Chenry@fresno.ca.gov
(559) 445-3542

Nurse-Family Partnership – California Sites

Site Location & Initial Training Date	Contact Person	Phone Number	Email Address
Fresno County, Dept. of Health Jan. 1998	Connie Woodman Carol Henry (S) Gail Williams (S)	559-445-3307 559-445-3542 559-445-3542	cwoodman@fresno.ca.gov cturk@fresno.ca.gov gwilliams@fresno.ca.gov
Kern County, Dept. of Public Health (Bakersfield) Jan. 2001	Cindy Wasson Bobbi Harms	661-868-0400 661-393-3159	wassonc@co.kern.ca.us harmsb@co.kern.ca.us
Los Angeles County, Dept. of Health Services Jan. 1998	Jeanne Smart Cindy Chow (S)	213-240-8192 213-240-8425	jsmart@dhs.co.la.ca.us cchow@dhs.co.la.ca.us
Monterey County, Dept. of Health Jan. 1999	Linda Wolleson (S)	831-755-4611	wollesenl@co.monterey.ca.us
Orange County, Dept. of Health Jan. 1999	Kathleen Parris Pat Place (S)	714-834-8150 714-834-8218	kparris@hca.co.orange.ca.us pplace@hca.co.orange.ca.us
Riverside County, Health Services Agency Oct. 2000	Judy Halstead Earp Angie Camacho (S)	909-358-5516 909-358-5516	jearp@co.riverside.ca.us acamacho@co.riverside.ca.us
Sacramento County, Dept. of health and Human Services Mar.2001	Bernice Walton Amelia Baker Jane Wagener (S)	916-875-5471 916-875-2062	waltonb@dhhs.co.sacramento.ca.us bakeram@sacounty.net
San Diego County, Dept. of Health Oct. 1999	Rose Fox Gaby Kuperman (S)	619-409-3303 619-668-3641	rfoxxxhe@co.san-diego.ca.us gkuperhe@co.san-diego.ca.us

Santa Clara Valley Health & Hospital Systems, Public Health Dept. Jan. 1999	Sandie Couser Laura Brunetto (S)	408-299-4305 408-299-4305	sandie.couser@hhs.co.santa-clara.ca.us laura.brunetto@hhs.co.santa-clara.ca.us
San Luis Obispo County, Public Health Dept. July 2001	Irene Vega Julia Pierce (S)	805-781-5535 805-788-2061	ivega@co.slo.ca.us jpierce@co.slo.ca.us
Tulare County Health and Human Services April 2002	Mary Ontiveros Jeannette Altair (S)	559-737-4660 x 2303	montiver@tularehhsa.org

(S) denotes the nurse supervisor for the program

Appendix C-5 Parents as Teachers

The National View

The Parents as Teachers (PAT) program began as a pilot project in 1981, implemented by the Missouri Department of Elementary and Secondary Education in collaboration with four school districts. Concerned that school-district programs for disadvantaged preschoolers that began at age three were intervening too late, school-district program designers sought to test the feasibility of influencing children's education from the onset of learning through a partnership with their parents. The goal of the intervention was to reduce the number of children entering school in need of special help.

The results of an independent evaluation of the program's benefits to participating children, as assessed at their third birthdays, led to funding for statewide implementation. The findings of this and subsequent studies contributed to the program's expansion to 2,879 sites in all 50 states, the District of Columbia, and six other countries. PAT now serves some 500,000 children prenatally to age five. A total of 88 PAT programs operated in California in 2002. (By 2003, the total was 109 PAT programs in California.)

The PAT program is based on two simple truths: babies are born learners, and parents play a critical role from the beginning in determining what their children will become. The tenet that *all* parents deserve to be supported in their role as first teachers led to a program designed for the voluntary participation of all families, and adaptable to the needs of broadly diverse families, cultures, and special populations. The program's major goals are to (1) empower parents to give their children the best possible start in life through increased knowledge of child development and appropriate ways to foster growth and learning; (2) give children a solid foundation for school success; (3) prevent and reduce child abuse; (4) increase parents' feelings of competence and confidence; and (5) develop true home-school-community partnerships on behalf of children.

Parents as Teachers: Key Features

- 2,879 sites; 88 in California in 2002 (109 by January, 2003)
- All California Even Start programs will be using PAT
- Home visits and parent group meetings
- Focus on parent-child relationship and child development. Economic self-sufficiency issues usually referred to other agencies
- Specialized curricula available for teen parents and child care providers
- Curriculum includes videotapes and incorporates latest brain development research

PAT program services include four components:

1. Regularly scheduled personal visits by trained and credentialed parent educators who provide information on the child's development, model and involve parents in age-appropriate activities with the child, and respond to parents' questions and concerns.
2. Group meetings in which parents share insights and build informal support networks.
3. Health and developmental screening to detect and treat any emerging problems as early as possible.

4. Linking of families with needed community services that are beyond the scope of the program.

Home visits are usually one hour in length and are scheduled monthly, biweekly, or weekly, depending upon family needs and local program budgetary restrictions. In Missouri, for example, state funds provide for 25 visits per year for high-need families—that is, families with one or more of the following characteristics: teen parents, single parents, children of parents with disabilities, low educational attainment, English as a Second Language, unemployment, chemical dependencies, foster parents, numerous family relocations, high stress, or involvement with the corrections system, or mental health, health, or social service agencies.

PAT programs are offered by school districts, hospitals, churches, and social service agencies as stand-alone programs or as part of more comprehensive service-delivery systems, such as Head Start or Even Start programs, or family resource centers. As many as 92 programs operate in conjunction with family resource centers, for example, including 32 in Connecticut and 1 in California. Funding is often a combination of federal (for example, Title I, Goals 2000, Even Start, and Head Start), state, and local dollars, as well as private monies.

Established in 1987, the Parents as Teachers National Center (PATNC) develops, promotes, and evaluates programs and public policies that provide family support and education through the earliest years of a child's life. PATNC provides training and technical assistance, curriculum and materials development, and research and evaluation coordination in support of quality PAT programs. PATNC maintains updated implementation plans for all programs, and programs submit annual reports about the services delivered and populations served.

Although programs select the personnel who will serve as parent educators, PATNC strongly recommends professional education and experience in the fields of education, health care, or social work related to young children and families. All parent educators (home visitors) receive one week of preservice training by trainers certified by PATNC. PATNC credentials parent educators on annually, contingent upon the local administering agency's approval of their service to families and their completion of the required 10 to 20 hours of annual in-service training, depending on length of service. Responsibility for supervision of service personnel rests with the local administering agency.

The PAT curriculum has evolved over the years. Originally designed as a birth- or prenatal-to-age-three program, the PAT curriculum now extends through age five. Special curricula have been created for child care providers and for teen parents. More than 1,120 programs now operate to age 5. In 76 programs, child care providers are trained to deliver home visits as well.

The entire curriculum was recently revised to translate the latest research about brain development into improved outcomes for young children. Dubbed the Born to Learn™

Curriculum and launched in 1999, the curriculum combines detailed home visiting plans in weekly, biweekly, and monthly formats with resource materials for parent educators, handouts for parents written at two different reading levels, and a 16-segment video series.

The California View: The National City PAT Program

Currently, 88 PAT programs operate in California, and at least 30 more are slated to begin operation within the next year, as Even Start programs throughout the state adopt the PAT curriculum for the home visiting portion of their services to families.

Established in 1987, the National City School District site was the first PAT program in California, and now serves as the center for training for PAT programs in the state. Training sessions in different cities are conducted almost every month throughout California.

Located about eight miles north of the US-Mexico border, the National City program has been supported over the years by funds from Title I, Title VI, First 5, private foundations, and income from providing PAT training. The program's current annual home visiting budget is \$87,500.

Families Served

Since its inception, the PAT home visiting program has served over 2000 families. Currently, the maximum capacity is about 100 families at any one time. Any families with children between the ages of birth and four years of age are eligible for services. If families enroll prenatally, they are offered home visits every other month; if they enroll after the birth of their child, they are offered monthly home visits. Most families enroll within the first year of their children's lives.

The National City PAT Program: Key Features (as of 2002)

- Training center for all PAT home visitors in California
- Operates out of a school district, and in conjunction with a community-based family resource center
- In early stages of new effort to deliver home visiting services to license-exempt child care providers
- Cross-referral partnership with local ABC program
- 2001 recipient of First 5 school readiness grant
- 77 families
- \$87,500 annual budget for home visiting

Families are recruited via presentations at the schools, community events, and a flyer sent home to parents at the school twice each year (connections facilitated by school district sponsorship of the PAT program). There is usually a waiting list of families interested in enrolling in the program. About 99% of the families served through the program are Hispanic.

Staffing and Caseloads

The six home visitors in the program generally have backgrounds in child development, and bring some experience in working with families. All speak Spanish. Three home visitors were actually parents served through PAT before they became home visitors. Some of the home visitors have been with the program since 1989, and only two home visitors have left the program since its

inception. Each home visitor serves 20-25 families.

Services and Linkages

Home visitors seek to deliver monthly home visits. Parent group meetings are offered each month on topics including brain development, child behavior, nutrition, health, and community resources. Materials are routinely offered in English and Spanish. Program staff estimate that perhaps 60% of families stay in the program for three years.

The school district has sponsored PAT over the years because it believes that the program helps to prepare children for school, increases parent involvement in their children's education and parents' partnerships with the community and the schools. In 1994, the program entered into the National City Collaborative, which is a partnership of 52 member organizations. PAT services are now out-stationed, along with services of seven other agencies, at school-based family resource centers. The co-location of services permits one-stop shopping for families, who can easily access a range of services, including health insurance coverage, health care services, TB testing, mental health counseling, consumer credit counseling, information on housing, job skills training, English as a Second Language classes, personal growth and self-esteem classes, women's support groups, and parenting classes. Child care is provided while mothers are in class. Additional service linkages are available to community-based after-school youth programs.

When children turn 3 years of age, they "graduate" from PAT, and graduation ceremonies are held on the school campus. Children are then transitioned to the on-campus preschool and child development centers.

The program has received First 5 funding to serve license-exempt child care providers. Using a curriculum developed by the PAT National Center, home visitors work with the license-exempt child care providers (typically kith and kin providers) to support them in their role as child care providers, and to provide them with information on topics such as Everyday Math, Safety, Amazing Brain, Environment, Emerging Writing, and Blocks.

In addition, the National City program has developed a health resource binder, with funding from the Alliance Healthcare Foundation, that provides age-appropriate health information on topics including development, nutrition, safety, behavior, dental health, and resources. The program also offers the binder to all home visitors who are trained by the National City site.

The National City PAT program has also worked in partnership with a local ABC program. When families needed services beyond child development and school readiness, the PAT program referred them to the local ABC program, which offered a more intensive visiting schedule and focused on serving families at risk for child abuse and neglect. When ABC families reached their program goals and their most critical needs were addressed, then they could be referred to the PAT program for additional services.

Evaluation and Quality Improvement

Beginning in 1991, SRI International evaluated the effects of the National City program by comparing children who completed three years of services with three-year-olds from the community who had never received PAT services. Results indicated benefits for the PAT “graduates” in child development, and in parents’ knowledge about child development, attitudes toward parenting, parenting behaviors, and the home environment.

Challenges and Successes

Program staff note that, beyond the benefits the program brings to the children, many of the parents who participate in the program have moved on to volunteer in the program, to attend ESL classes, and, in some cases, to attend college. A key challenge is the ability to hire a more culturally diverse staff.

For additional information, contact:

Parents as Teachers National Center, Inc.
ATTN: Public Information Specialist
2228 Ball Dr.
St. Louis, Missouri 63146
Phone: (314) 432-4330
e-mail: info@patnc.org

Parents as Teachers – California Sites

City	Program Name	Program Sponsor	Contact Person	Phone Number	E-mail Address
Alameda	Even Start Family Literacy Program	Alameda Unified Schools	Cynthia Wasko	510-769-7205	alamedaevenstart@home.com
Alturas	Modoc County Even Start	T.E.A.C.H. And Modoc County of Education	Jennifer Rayas	530-233-7155	even@hdo.net
Anaheim	CBET	Anaheim City School District	Luz Gonzalez	714-517-7527 x 4113	lgonzalez@acsd.ca.k12.us
Anaheim	Even Start	Anaheim City School District	Diana Serrano	714-517-7575	dserrano@acsd.ca.k12.us
Anaheim	School Readiness	Anaheim City School District	Elaine Coggins or Cara Najera	714-517-7575	cnajera@acsd.ca.k12.us
Apple Valley	State Preschool PAT	San Bernardino County Superintendent of Schools	Hana Nute	760-242-6322	
Arroyo Grande	LMUSD Even Start/Parents as Teachers Program	Lucia Mar Unified School District Adult Education	Sandy Quintiliani	805-473-4244	
Bakersfield	Cal-Works/Family Literacy Program	Bakersfield City Schools	Jan Hensley	661-631-4881	

Berkeley	Berkeley Even Start Program	Alameda County Office of Education	Lauretta Beckett	510-670-4542	laurettab@acoe.k12.ca.us
Bishop	Tu-nee-wa Novee Even Start Program	Owens Valley Career Development Center	Dolly Manuelito	760-872-2115	dollymanuelito@hotmail.com
Bloomington	Parents As Teachers / Special Projects	Colton Joint Unified School District	Diane Mumper	909-876-4250	
Buena Park	Buena Park Even Start	Buena Park School District	Christie Baird	714-670-6432	
Campbell	Family Learning Center - Parents as Teachers	Campbell Union School District	Gina Phi	408-341-7000 4182	Gina_Phi@campbellusd.k12.ca.us
Caruthers	Even Start - Parents as Teachers	Caruthers Unified School District	Beth Coulourianos	559-864-3262	bcoulourianos@caruthers.k12.ca.us
Castroville	Even Start Family Literacy Program	North Monterey County United School District	Richard Diaz	831-632-0877	crubvalca@monterey.k12.ca.us
Chico	Chapman Even Start PAT	Chico Unified School District	Sheri L. Zeno	530-891-3181	szeno@chicousd.org
Chico	Parents as Teachers	Four Winds of Indian Education, Inc.	Betty Jo Smith	530-895-4212	beejsmith@yahoo.com
Chula Vista	Chula Vista Even Start Family Literacy Program	Chula Vista Elementary School District & City of Chula Vista	Carolyn Scholl	619-425-9600	1515cscholl@cvesd.k12.ca.us
Clovis	Clovis Even Start, SMART Start PAT	Clovis Unified School District	Vivian Simons	559-327-2818	viviansimons@cusd.com
Corona	Project Even Start - Parents as Teachers	Corona-Norco United School District	Renee K. Sanabria	909-736-3375	hgesl@nescape.net.
Covina	Covina Valley Even Start Family Literacy Program	Covina Valley Unified Schl Dst	Wanda L. Pyle	626-974-7000 x 2072	wpyle@cvusd.k12.ca.us
Eureka	Eureka Even Start - Parents as Teachers	Eureka City Schools	Carol Harvey	707-441-3329	harvey@eurekacityschools.org
Fallbrook	Parents as Teachers	Fallbrook Union Elementary School District	Kathy Gausepohl	760-723-6727	kgausepohl@fuesd.k12.ca
Fontana	Parents as Teachers Program	Fontana Unified School District - Child Development	Patty Lynch	909-357-5000	lyncpa@fusd.net
Fresno	Burroughs Even Start Family Literacy Program	Fresno Unified School District	Xee Yang	559-255-6610	xdy27@hotmail.com
Fullerton	Fullerton Even Start	Fullerton School District	Nancy Kozma	714-447-7499	nancy_kozma@fsd.k12.ca.us

Geyserville	Geyserville Unified School District Even Start Program	Geyserville Unified School District	Terry Murray	707-857-3410	msmrri@yahoo.com
Gilroy	Even Start Family Literacy Program	Parents as Teachers MACSA/Even Start	Rudy Barraza	408-842-4863	
Glendale	Even Start Family Literacy Program	GUSD Even Start	Jo Ann Daly	818-241-3111 x 508	
Glendale	Even Start Program - Parents as Teachers	New Horizons Family Center	Rocio Bach	818-545-9848	nhpo@earthlink.net
Half Moon Bay	Coastside Even Start	Cabrillo Unified School District	Roxana Fine	650-712-7182	finer@cabrillo.k12.ca.us
Hawthorne	Hawthorne Even Start Family Literacy Program	Hawthorne School District	Donielle Knowles	310-679-7984	dknowles@hawthorne.k12.ca.us
Healdsburg	Even Start PAT	Healdsburg/Cloverdale Unified School District	Divina Hernandez-Giron	707-431-3470	dhernandez@husd.com
Hoopla	Hoopla Even Start Family Literacy Program	Hoopla Tribal Education Association	Pamela Hammond	530-625-1992	hupahro@hotmail.com
Huntington Beach	Even Start Family Literacy Program	Ocean View School District	Joyce Horowitz	714-843-6938	jhorowitz@ovsd.org
La Habra	La Habra Even Start Family Literacy	La Habra City School District	Marion Dunkerley	714-526-4729	mcadunkerley@aol.com
La Mesa	Family Literacy Program	Lemon Grove School District	Margaret M. Ikezaki	619-825-5722	mikezak@lgsd.k12.ca.us
Lancaster	Prop. 10 Home Based Program	The Children's Center of the Antelope Valley	Cathy Overdorf	661-949-1206 x 219	
Lemon Grove	Lemon Grove School Readiness Project	Lemon Grove Project	Shonna Irving	619-433-3410	sirving@lgsd.k12.ca.us
Lompoc	Parents As Teachers Lompoc USD	Lompoc Unified School District	Cheryl Sampson	805-737-0429	mistcs@excite.com
Lone Pine	W.F.G. Even Start Family Literacy Program	Lone Pine Unified School District	Joanne Parsons	760-876-4721	
Los Angeles	99th Street Elementary School - Even Start Program	Los Angeles Unified School District	Janna Woods	323-249-0319	
Mammoth Lakes	Mono County 1st Five Home Visiting Program	Mono County Health Department	Lynda Salcido	760-924-1842	lyjt@aol.com
Modesto	Modesto Even Start	Modesto City Schools	Ruthann Kunishige	209-576-4653	kunishige.r@monet.k12.ca.us

Building School Readiness
Appendix C

Mountain View	Mountain View-Los Altos Adult Education Even Start Program	Mountain View-Los Altos Union High School	Jeannie Richter	650-940-6039	jeannierichter@yahoo.com
Murrieta	MVUSD Parent Center	Murrieta Valley Unified School District Parent Center	Thaya Kroencke-Fineout	909-304-1623	sofineout@msn.com
Napa	Napa Valley Language Academy Even Start	Napa Valley Unified School District	Cynthia Meza	707-253-3930	cmeza@nvusd.k12.ca.us
National City	Parents as Teachers-National City	National City Co Laborativo	Lydia Rodriquez	619-336-8374	lydiar@nationalk12.ca.us
Newhall	Newhall Even Start	Newhall School District	Laura Sanders	661-259-8480	lsanders@newhall.k12.ca.us
Nuevo	Even Start Family Literacy Project	Nuview Union School District	Jan Stockton-Miller	909-928-0066	jstockton-miller@nuview.k12.ca.us
Nuevo	Nuview Parents as Teachers Program	Nuview Union School District	Jan Stockton-Miller	909-928-3392	jstockton-miller@nuview.k12.ca.us
Oakland	City of Oakland, Even Start Program, San Antonio	Department of Human Services	Tracey Black	510-637-0391	tblack@oaklandnet.com
Oakland	Even Start Family Literacy Project	YWCA of Oakland	Julia Fong Ma	510-451-2682	jfongma@ywcaoakland.org
Oakland	Even Start Family Literacy Program	Lao Family Community Development, Inc.	Nancy E. Yamamoto	510-535-9323	laofamilyevenstart@hotmail.com
Oakland	Fruitvale Even Start Family Literacy Program	The Spanish Speaking Unity Council	Olga Valencia	510-535-6946	ovalencia@unitycouncil.org
Orosi	CONNECTIONS	Cutler-Orosi Joint Unified School District	Debbie Przybylski	559-528-3635	dsprzybski@cutler-orosi.k12.ca.us
Oxnard	Even Start Family Literacy Program	City Impact Even Start	Maria Guadalupe Lopez	805-271-8362	lopezlup2@aol.com
Pacific Grove	Parents as Teachers	Pacific Grove Adult Education	Gail Root	831-646-6623	groot@pgusd.org
Pala Pala	Even Start/Project REZ FEATHER	Pala Band of Mission Indians	Doretta J. Musick	760-742-1997	dmusick@fuhd.net
Palm Springs	Early Childhood Education Program	Palm Springs Unified School District	Patricia Dorado	760-416-8090	pdorado@psusd.k12.ca.us
Perris	Preschool Program	Perris Elementary School District - Preschool Program	Erika Tejeda	909-657-1441	erikatejeda@yahoo.com

Porterville	Project LIFT- Literacy Intergenerational Family Teaching	Alta Vista Elementary School District	Debbie Elum	559-782-5700 x 2033	
Poway	"Ready To Learn" Grant Project	Poway Unified School District	Kelly Riley	858-748-0010 x 2750	
Red Bluff	FAST/ Corning Even Start	Tehama County Department of Education	Ann Ratay	530-528-7390	aratay@tcde.tehama.k12.ca.us
Red Bluff	T-4-2/Red Bluff Even Start	Tehama County Department of Education	Gloria Lofthus	530-528-7389	glofthus@tcde.tehama.k12.ca.us
Redding	Even Start Family Literacy - P.A.T.	Enterprise School District	Barbara Grosch	530-224-4126	bgrosch@enterprise.k12.ca.us
Redding	Even Start PAT	Center for Quality Education	Phil Hopkins	530-227- 7704	pmhopkins@adm.tech.net
Redwood City	Redwood City Even Start Project	Redwood City School District	Gloria Nudelman	650-569-2332	gloriana@flash.net
Redwood City	Redwood City Family Centers	Redwood City School District	Patricia Merles- Lopez	650-361-8730	pmerleslopez@rcsd.k12.ca.us
Richmond	Even Start Family Literacy Program	Catholic Charities/WCC USD	Marta Garcia	510-234-5305	mgarcia@cceb.org
Riverside	Even Start Family Literacy Program/ PAT Program	Riverside Unified School District - Longfellow Elementary	Bertha Toner	909-788-7107	btoner@rusd.k12.ca.us
Riverside	Parents as Teachers	Riverside Unified School District	Leon Johnnie Tabor III	909-788-1162	
Rowland Heights	Even Start Parents as Teachers	Rowland Unified School District	Maylani Sexton	626-935-8421	lanisexton@juno.com
Salinas	Infant Program Parents as Teachers	Monterey County Office of Education	Shirley Stihler	831-755-1440	sstojer@monterey.k12.ca.us
Salinas	Natividad & Mountain Valley Family & Child Development PAT	Children's Service International	Roni O'Connell	831-424-6939 24 csi2@redshif. com	
Salinas	Project Alisal Even Start PAT	Alisal Union School District	Bertha A. Guzman de Jasso	831-753-5760	bjasso@monterey.k12.ca.us
Salinas	Salinas Adult School Parent Center	PAT Salinas Adult School/Salinas Union High School District	Carole Singley	831-753-4273	csingley@salinas.k12.ca.us
San Diego	Early Head Start PAT	Neighborhood House Association	Sarah Garrity	619-757-1050	ecao@neighborhood.org

San Diego	Giant Steps Bayside Community Center	Norma Klepper	858-278-0771	nklepper@baysidecc.org	
San Diego	Jumpin Jax Helping Hands Even Start PAT	San Diego Unified School District Child Development Programs	Richard Joniaux	858-496-1958	
San Diego	Parents as Teachers	McGill School of Success	Deborah Huggins	619-239-0632	
San Diego	Parents as Teachers	Home Start, Inc.	Kathryn Ingram	619-692-0727	www.homestart.org
San Diego	Parents as Teachers - East County	Catholic Charities Diocese of San Diego	Mehboob Ghulam	619-287-9454	mghulam@ccdsd.org
San Jacinto	Native American Parental Assistance Program NAPAP	Ahmium Education , Inc.	Dondi Silvas	909-654-2781	dondis@yahoo.com
San Jacinto	Pre School in a Box	California Family Life Center Foster Family Agency	Katherine S W Knight	909-654-2352	cflckids@msn.com
San Joaquin	Parents as Teachers	Golden Plains Unified School	David McDonald	559-693-1115	dmcDonald@gpusd.k12.ca.us
San Jose	Even Start Family Literacy Program	Mt. Pleasant Elementary School District	Rachel Bergine	408-347-3372	
San Juan Capistrano	Migrant Education/Capistrano Office	Migrant Ed. Reg. TX-San Diego	Maria Teresa Pierce	949-488-3438	
San Rafael	Alcanza - Even Start	Community Action	Marin Ray Capper	415-499-1595	alcanza@sbcglobal.net
San Rafael	Bahia Vista Even Start	Even Start (San Rafael)	Rebecca Stewart	415-485-2318	rstewart@marin.k12.ca.us
San Ysidro	Even Start Family Literacy Pgm - P.A.T.	San Ysidro School District Even District	Norma Mier	619-428-4476 x 3738	
Santa Ana	Even Start Project Future	Santa Ana Unified School District	Ana Lira	714-430-6100	alira@sausd.k12.ca.us
Santa Ana	Parents as Teachers	United Cerebral Palsy of Orange County	Ana Reyes	714-557-1291	
Santa Clara	Even Start Parents as Teachers	Santa Clara USD Adult Educational Options	Angela West Gibson	408-423-3514	
Santa Cruz	Parents as Teachers Program	Walnut Avenue Women's Center	Cathy Lusk	831-426-3062	wawc@cruzio.com

Santa Rosa	Even Start, Title VII, McKinney - P.A.T.	Santa Rosa City Schools	Janet Barrows	707-521-2510	jbarrows@srcs.k12.ca.us
Selma	FRC@ Roosevelt Elementary - P.A.T.	Selma Unified School District	Fran Perez	559-898-6700	fperez@selma.k12.ca.us
Shasta Lake City Fame/Even Start Program	Local Indians for Education, Inc.	Patti Renenger	530-275-1513	gprenenger@yahoo.com	
Skyforest	Rim Parents as Teachers	Rim Family Services	Elizabeth Dimond, MFT	909-336-1800	rimfamily@dreamlinks.net
Stockton	Great Beginnings	United Cerebral Palsy of San Joaquin County	Victoria Simpson	209-956-0290	vsimpson@ucpsj.org
Stockton	Success By 6 Parents as Teachers	United Way of San Joaquin County Success by 6	Corinne Cervantes	209-320-6216	ccervantes@unitedwaysjc.org
Temecula	Temecula Even Start Family Literacy Program	PAT Temecula Valley Unified School District	Marilyn Skrbini	909-506-7989	mskrbin@tvusd.k12.ca.us
Tulelake	Migrant Even Start	T.E.A.C.H., Inc.	Anna Porter	530-667-2035	
Tulelake	Tulelake/Newell Even Start	T.E.A.C.H., Inc.	Anna Porter	530-667-2147	
Union City	New Haven Even Start Program	New Haven Unified School District	Francisca Montes	510-489-2185 213	francisca-montes@nhusdk12.ca.us
Visalia	Visalia Unified Even Start	Visalia Unified School District/Visalia Adult School	Ligia Hemaidan	559-730-7655	lhemaidan@visalia.ca.us
Warner Springs	Even Start - State and Federal SCAIR, Inc.	Wanda Michaelis	888-217-2247 227	scaib@hotmail.com	
Weed	Siskiyou Even Start	Siskiyou Child Care Council	Dennis Ball	530-938-2748	
West Sacramento	Even Start/Family Literacy Program	Washington Unified School District	Hilda Tonarely	916-375-7630	

Source: www.patnc.org (as of 1/2003)

Appendix C-6 The Parent-Child Home Program (PCHP)

The National View

Established by the Verbal Interaction Project in 1965 under the direction of Dr. Phyllis Levenstein, the Parent-Child Home Program is an intensive home visiting model focused on increasing parent-child verbal interaction and enabling parents to prepare their children to enter school ready to learn and to achieve long-term academic success.

Currently, over 3,600 families are served at 132 program sites in 10 states. The largest concentration of PCHP sites are found in Massachusetts and Pennsylvania where the program receives earmarked state funds, in South Carolina, where training and start-up funds are provided through the SC Department of Education, and in New York, where sites receive state aid through the county Bureaus of Cooperative Education Services (BOCES). The State of Pennsylvania is supporting a 30-site expansion as part of a large, statewide school readiness initiative. The state has allocated \$12 million over the next 3 years in set-aside Temporary Assistance for Needy Families (TANF) funds to support the establishment of 30 new sites across the state. Many of these sites will be operated by or in conjunction with local family resource centers. In early 2002, three sites operated in California, with a fourth site due to begin services earlier in the year.

Families receive two home visits per week for a minimum of 23 weeks in each of two years (a total of at least 92 visits over the course of two years, which typically follow the school year calendar). Families with children as young as 16 months may enter the program, but participants are usually families with 2- and 3-year-olds.

Paid paraprofessionals from the community, many of whom are former parent-participants in the program, work with families that are challenged by poverty, low levels of education, language barriers, and other obstacles to educational success. These are often the first jobs for the paraprofessionals, and advancing their education and careers is an important additional impact of the program.

PCHP works with primary caregivers to develop their children's literacy and language skills and to prepare children to enter school ready to succeed. The PCHP curriculum focuses on two major areas: cognitive (sensory-motor skills, conceptual development, language development) and affective (social emotional competence and parenting skills). The home visitor emphasizes verbal interaction and learning through play using carefully chosen books and toys.

The Parent-Child Home Program: Key Features

- 132 sites; 3 in California
- Serves 2-3-year-olds
- Paraprofessional home visitors
- Focus on cognitive and affective development
- Delivers books and toys to families free of charge

Families receive a minimum of 12 books and 11 toys free of charge each year. Many families have no children's books and few developmentally appropriate toys when they enter the program, but, upon completion, each family has a library of children's

literature and a collection of the types of educational puzzles, blocks, and simple games that their children will be expected to have experienced when they enter kindergarten.

The program also seeks to connect families with needed services to help them reach the next appropriate educational step for their children and themselves. To that end, the Parent-Child Home Program Coordinator serves as a source of referrals to link families with social services or early childhood and parenting education opportunities in their communities.

The national office of the Parent-Child Home Program serves as a clearinghouse for the more than 35 years of evaluation and research on PCHP. The National Center provides start-up and technical assistance to individual sites; training and administrative materials to program coordinators, who then train their own home visitors locally; an annual conference for coordinators and home visitors; and assistance with conducting research and evaluation projects and with pilot projects serving special populations, such as homeless families, teen parents, and children younger than 16 months.

Parent-Child Home Program replications are sponsored by school districts, individual schools, social service agencies, community-based organizations, community health centers and public libraries. Fully 62 of PCHP's 132 sites are operated through school districts. An interesting example is the Brooklyn site, which opened in the fall of 2001. In Brooklyn, the home visitors are all school district employees who were already employed by the district to work in family resource centers in a number of the district's elementary schools. These paraprofessionals are now spending part of their week conducting Parent-Child Home Program home visits with families living in the area served by the elementary school where they work. The Parent-Child Home Program model enables these family workers to bridge the gap between home and school, reaching families who might not come in to school to use the family center or attend a meeting or a special event. The connection with the school their child will be attending (and where older siblings may already be enrolled) increases their comfort level and their future level of involvement with the school.

PCHP programs are funded through a variety of sources, including Title I; Even Start; TANF; state funds, including budget line items, First 5, and parenting and literacy funds; school district funds; and private foundations and corporations. The average annual cost is \$2,000 per family, and the average program site budget is \$120,000.

The California View: The Parent Child Home Program at the Eisner Pediatric & Medical Center in Los Angeles

The PCHP currently has three sites in operation in California and a fourth site which has just received funding and will be trained this spring. All four sites are funded with Proposition 10 grants.

The Los Angeles site has been in operation the longest, and represents an interesting variation because it is closely linked with a health clinic.

Established in 2000, the Los Angeles program, administered by the Eisner Pediatric & Medical Center (Center), currently serves 150 families. The program grew out of the Center's Early Intervention Program, an already-established home visiting program that provided infant stimulation to children under age three with special needs. When Proposition 10 dollars became available, program administrators decided to expand services to reach a broader group of children.

Families Served

Currently, about half of the families served are Latino and about half are African-American. Families come from diverse cultures: Mexican, Guatemalan, Salvadoran, Peruvian, Belizian, Panamanian, and African. Adult participants in the program range in age from 15 to 58, and include several grandmothers who are raising their grandchildren. Participating families are primarily of extremely low socioeconomic status; parents often have not completed high school, and are single parents. Home visitors speak the languages of the families they serve, and materials are available in English and Spanish.

Initial recruitment came primarily from referrals from pediatricians in the health clinic for Latino families, and from a broader range of sources, such as schools, churches, WIC, and even local laundromats, for African-American families. Currently, referral sources also include word-of-mouth, and the program has a waiting list.

Staffing and Caseloads

Ten home visitors, primarily paraprofessionals, visit the families. All had prior experience with children and families, including college-level education in child development or working as a teacher's assistant, and being a mother. All the home visitors were from the community they would visit, and were motivated to contribute to and make a change to that community. Two co-coordinators oversee the program and supervise the home visitors. They too are mothers, and they also have experience in child care, supervision, and administration of child-centered programs. Each home visitor carries a caseload of about 10 families, and the co-coordinators each supervise five home visitors.

The Eisner Pediatric & Medical Center PCHP Program: Key Features

- Linkage with a medical center makes access to health insurance and health and dental services easier
- Partnership with Reach Out and Read program
- Primarily paraprofessional home visitors
- 150 families
- \$330,000 annual budget

Program Services and Linkages

Because of its connection with a health clinic, the program is able to link families with health services more easily than if it were a stand-alone program. Parent-Child Home Program Coordinator Julietta Cruz notes that in the first year, "Approximately 15% of our families were not medically insured. We immediately brought them into the clinic to assess which plan to apply for. Now all children in the program have some type of medical coverage and all are receiving medical and dental services." Through the connection with the health clinic, families are able to receive medical, dental, early

intervention, mental health, and speech and occupational therapy services. The clinic also offers parenting classes; health education classes about topics such as nutrition, asthma, diabetes, prenatal care, or car seat safety; and the Reach-Out and Read program, in which pediatricians “prescribe” books to families with young children.

Funding

The annual program budget (about \$330,000) is funded primarily through county Proposition 10 dollars, with a small amount of matching funds provided by the Medical Center.

Successes and Challenges

The challenge has been to keep families consistent and committed to the program, but the program reports low drop-out rates, and good completion of home visits. Families eventually receive all the program’s content, because, if a visit is missed, the content is reviewed at the next visit. The program coordinator reports that, so far, fewer than 5% of families have ended enrollment. Co-coordinators contact families each month either through visits, phone calls, or a newsletter, and home visitors strive for two visits each week.

Families are encouraged to understand the importance of their child’s early childhood education, and the importance of their own roles as their child’s first teacher. Because of this program, over half the parents have returned to high school, sought employment to improve living conditions, enrolled in and completed ESL courses, and developed an interest in the future of their children.

Four of the 10 home visitors have been with the program since its inception. Home Visitors are encouraged to commit to the program for at least one year; only one visitor left the program in 2001. Professional development for the home visitors is emphasized, and some of the home visitors are currently enrolled in college, striving to learn more about child development. Both Co-coordinators have returned to college to finish their degrees in child development and sociology.

For additional information about the Parent-Child Home Program, contact:

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The Parent-Child Home Program – California Sites

Site Location & Initial Training Date	Contact Person	Phone Number	Email Address
Los Angeles (Eisner Pediatric and Family Medical Center); 2000	Julietta Perez-Cruz, Coordinator; Gaynell Winston and Leticia Vega, Co-Coordinators	213-746-1037 x 3325	jcruz@pedcenter.org
Santa Ana (UCI/Corbin Family and Community Center); 2000	Prof. Virginia Mann, Supervisor Maricela Sandoval and Gerardo Canul, Co- Coordinators	949-824-5296	msandoval@uci.edu mailto:vmann@uci.edu
Stockton (Charterhouse Center); 2001	Robin Apel	209-476-1106	apelfamily@yahoo.com
Turlock (Cal State University Stanislaus (2002, training in June)	Gary Novak, Supervisor; Emily Branscum, Coordinator	209-667-3386	Ebranscum@csustan.edu

Appendix C-7

ABC/CalSAHF:

The Sacramento County Birth & Beyond Program

Established in November 1999, Birth & Beyond (B&B) is a nine-site home visiting program based on the ABC/CalSAHF model (Answers Benefiting Children/California Safe and Healthy Families). Birth & Beyond was sparked by a series of high-profile child deaths in Sacramento County, high rates of infant mortality and child abuse and neglect, and the realization that something could be done to intervene to prevent these problems.

Birth & Beyond is a partnership of two County departments and several of their divisions (Child Protective Services, Alcohol and Other Drugs, Public Health Nursing, Mental Health, and California Work Opportunities and Responsibility to Kids (Cal-Works)) and private community-based organizations. The Sacramento County Family Support Collaborative is the oversight body, as designated by the Sacramento County Board of Supervisors. Five community-based nonprofit organizations, one school foundation, and one school district implement the program in nine sites. Currently, all nine sites have partnerships with local school districts.

The long-term goals of the Birth & Beyond program are to reduce child abuse and neglect; improve health outcomes, including infant and pre-term mortality; increase school readiness and school performance; and improve self-sufficiency of families in the County.

Services

Birth & Beyond provides support to families with children from pregnancy to age 5 (the criterion for eligibility is pregnancy or an infant up to three months of age) via home visits delivered by paraprofessionals, integrated multidisciplinary team case management, and family resource centers.

Sacramento County Birth & Beyond

- ABC/CalSAHF model
- Nine program sites, administered by five community-based agencies
- Home visits, multidisciplinary team, and family resource centers
- \$11.8 million annual budget from multiple funding streams
- AmeriCorps members as home visitors
- External evaluation
- Joint training of home visitors in local community college
- Recipient of First 5 dollars

Home visits are slated on a weekly, fading to quarterly, schedule, depending upon family need. Eligible families include families with low income, lack of support, inadequate access to resources, many small children, or other risk factors. Families with active CPS cases are not eligible until their cases are closed.

After an initial screening to assess family needs, home visitors complete family support plans with each family, and these form the basis for services. Families are screened again every six months on measures of parenting and child rearing attitudes, maternal depression, social support, use of drugs and alcohol, and likelihood to use harsh discipline.

Family resource centers are a source of outreach for the home visiting program, provide classes and groups for families in and out of the home visiting program, and have a library of referral resources. Classes typically cover topics related to parent education, life skills, alcohol and drug issues, child abuse prevention, anger management, socializing, and birth preparation. The most frequently offered classes focus on parent education; the classes with the highest average attendance focus on life skills.

The Multidisciplinary Team (MDT) includes a family counselor, child development professional, public health nurse, alcohol and drug counselor, child welfare social worker, lactation specialist from WIC, domestic violence specialist, and CalWorks Specialist. They meet weekly to discuss all cases, and team members sometimes also visit families. The public health nurse, for example, routinely visits each family at least once.

Staffing and Caseload

This is a very large program. As of July 2002, there were 1,104 open home visitation cases, and 697 families (cumulative total) had visited the family resource centers.

Home visitors carry a maximum caseload of 15 families. Team leaders with masters level preparation in social work or counseling, or Public Health Nurses, supervise five home visitors, and two teams comprise the home visiting staff at each site. A program manager supervises each neighborhood site, including team leaders, home visitors, a group coordinator for the family resource center, and a data clerk.

An unusual feature of the B& B program is its use of AmeriCorps members as home visitors, as part of an initiative by the California Alliance for Prevention to employ AmeriCorps members in 19 counties to prevent child abuse and neglect. At each program site in Sacramento, half the home visitors are AmeriCorps members. They are integrated into the program and essentially are recruited and trained like any other staff members in this primarily paraprofessional home visiting model.

Program planners and administrators believe that the use of the AmeriCorps members has permitted a vast expansion of services and that the members have been able to introduce B&B to culturally and linguistically diverse families that would not otherwise have been reached by the program. In addition, the AmeriCorps members may serve as important role models for children in the community. Finally, the use of AmeriCorps members is seen as a way to build social capital, skills, and expertise within the community.

Evaluation and Quality Improvement

Birth and Beyond has modified the ABC/Cal-SAHF model by adding a continuous quality improvement and outcome evaluation component. Data are collected regularly to monitor program implementation and outcomes for children and families. The ongoing evaluation reveals the following results:

- *Child abuse and neglect:* Evaluators reviewed the case records of a random sample of 300 families who had been in Birth & Beyond at least 90 days. 35% of these families had some contact with Child Protective Services (CPS) for up to 5 years prior to entering Birth & Beyond. After enrollment, family involvement with CPS declined. For example, 13% of the families had substantiated reports of child maltreatment pre-enrollment, but that rate declined to 4% during the 300 families' participation in Birth & Beyond, and 9% among the 89 families who left the program. Equivalent results were found for families that had been served by AmeriCorps and non-AmeriCorps members.
- *Outcomes for parents – results of routine screenings:* As of October 2001, results of the routine screenings conducted by program staff demonstrate that parents are showing improvements in their attitudes toward parenting and child rearing and decreases in maternal depression (49% of mothers were depressed at enrollment). There were no changes in social support, or drug or alcohol use.
- *Service intensity:* Birth and Beyond provided 38,869 home visits since the program's inception through July 2002. Families averaged 2.3 visits per month, and the average visit lasted 55 minutes.
- *Staff retention:* Like many home visiting programs, B&B has worked hard to hire and retain good staff. Turnover among the home visitors was 73% during the first 19 months of the program, though rates have stabilized. AmeriCorps and non-AmeriCorps home visitors show equal rates of turnover.
- *Client attrition:* As of July 2002, 56% of the open home visitation cases had been open for more than 6 months, and 33% had been open for more than a year.
- *Value of the evaluation:* The data and MIS systems have been used to improve program practices. For example, data on referral rates and caseloads prompted program administrators to accelerate outreach to stimulate referrals and bring caseloads up to expected levels. Staffing stability data have been used to identify patterns and address persistent gaps. Sites have also used data to review follow-up with referrals, track and monitor caseloads, review the number of visits, and review individual case files.

Budget and Funding Sources

Funding has been derived from TANF Incentive Funds, Medi-Cal Administrative Activities, CAPIT (Child Abuse Prevention, Intervention, and Treatment), CBFRS (Community-based Family Resource & Support), PSSF (Promoting Safe and Stable Families), EPSDT (Early and Periodic Screening, Diagnosis, and Treatment), Targeted Case Management, AmeriCorps, and First 5 dollars. The 2002/2003 budget is about \$11.8 million.

Successes and Next Steps

Program staff feel that the connection between home visiting and family resource centers is extremely beneficial for families. In addition, they note that those community agencies with a long history in the neighborhoods that they are serving may be accepted more readily by community residents – which makes it easier to enroll and retain families in services.

Birth & Beyond is working closely with the Sacramento City Unified School District, which was awarded a school readiness grant from the local First 5 Commission. The partnership will expand the relationship of Birth and Beyond with schools in three of its nine neighborhoods. The other six neighborhoods are already linked with other school districts.

As part of the early stages of the Birth & Beyond program, the evaluators (LPC Consulting Associates, Inc.) surveyed home visiting programs within the county, and some initial meetings were held to begin to develop coordinated plans for home visiting. These efforts continue and offer great promise for enhanced services for community members. Standards for home visitation programs are being prepared and standardized training will be developed, some of which may include community college courses.

For information about program services, contact:

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